VS-39DST Revised: 06/2021

DI EACE DOING

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH (DPH)

Request for a Certified Copy of a DEATH CERTIFICATE from the STATE VITAL RECORDS OFFICE

PLEASE PRINT		DO NO I	MAIL CA	SH OK PERSO	NAL CHECKS	
Full Name of Deceased: (First	t, Middle, Last):		SEX M	Date of Death:	(Month/Day/Yr): *	
Town of Death:	D	ate of Birth (Month/Day/Yr):		Place of Birth (Town, State or Country):		
Father's Name:		Iother's Name:	If Ma	If Married, Spouse's Name:		
Person Requesting the I	Death Certificate:					
Name:						
First	M	Middle		Last Name		
Address:Number	Street	Town/City		State	Zip Code	
Number	Street	·			Zip Code	
()	TOM: SIAII	Relationship To	Deceased:	** 		
Telephone No.	E-Mail Address (optional)					
		Signature: X_				
Intended Use of Certified Copy (6	e.g. Benefits, Genealogy, etc.)					
** Note: Per CT law (C.G.S director who is acting on beh Security number listed on the number. If eligible, do you want the You must provide proof of eligible.	alf of an eligible family death certificate. All other decedent's Social Section 1985.	member, may obtain a der requesters will receive	copy of the decentrified c	eath certificate woopy without the de	ith the decedent's Social ecedent's Social Security	
One Time Fee Waiver for A	Copy of a Veteran's Dea	nth Certificate:				
CT law (C.G.S. §7-74 (c)) all provided the requester prese Examples of proof of relations deceased's birth certificate, if the Are you requesting the one t . The fee will be waived only if is indicated on the death certificate.	onts a copy of their validable include a marriage contains a parent of the deceased. Sime waiver of the \$20.00 the request includes the r	government issued pho ertificate for a spouse, one fee and enclosing requi	to I.D. and pe's own birth	roof of their relat certificate, if a chi tation? No:	tionship to the deceased. Id of the deceased, or the Yes	
The fee for a copy of a De	ath Certificate from t	ne State is \$ 20.00 per	copy. Perso	onal checks are	not accepted.	
# of Copies Requested: _	Amount E	nclosed: \$	Fee	Waiver Request	t:	

Connecticut Department of Public Health
Vital Records Section
Customer Service, MS# 11 VRS
P.O. Box 340308
Hartford, CT 06134-0308

Please send this request with a <u>Postal Money Order</u> made payable to the <u>'Treasurer, State of CT'</u>, to:

^{*} Note: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to our website at www.ct.gov/dph for town contact information.